



**Biospecimen Identification**

Kit ID  Case ID

**Section A: Shipping**

To be completed by the project staff member responsible for preparing and shipping the biospecimen

Date of shipment

Time of shipment

Courier used for shipment

Courier tracking number

Shipped from   
 BSS   
 CBR   
 Brain Bank   
 Other, specify

Shipped to   
 BSS   
 CBR   
 LDACC   
 Brain Bank   
 Pathology Research Center (PRC)   
 Other, specify

Name of person responsible for shipment

Name of IATA-certified person who verified shipment

Comments: Provide additional details pertinent to the packaging or shipment

**Note: If this is the last part of the form you are completing at this time, please send the form to Study Management Group. Be sure to include the Specimen and Kit ID in the subject line of the email.**



**Biospecimen Identification**

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**Section B: Receipt**

*To be completed by the project staff member who take receipt of the shipped biospecimen*

Date shipment received

Time shipment received

Name of person receiving kit

List of handling events: *Provide a list of all activities occurring from time of receipt through shipment (next transfer) or storage.*

**Note: If this is the last part of the form you are completing at this time, please send the form to Study Management Group. Be sure to include the Specimen and Kit ID in the subject line of the email.**



**Biospecimen Identification**

Kit ID

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**Section C: Handling and Processing**

*To be completed by the project staff member who handles or processes the biospecimen*

Date of receipt in processing

Time of receipt in processing

Name of person receiving kit

List of events after receipt of kit until next transfer

**Section D: End Point and Comments**

*To be completed by the project staff member who confirms intended final receipt of biospecimen*

**This ends the transfer of the specimen to any other location.**

*Additional comments: Provide any additional comments pertinent to the integrity of the biospecimen.*

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